

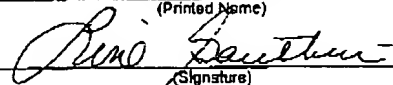
DEC 16 2004

Atty. Dkt. No. 073442-0301

121

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Chandler Fulton, et al.
Title: THIAMINASES AND
THIAMINASE GENES FOR
USE IN APOPTOTIC
THERAPIES
Appl. No.: 09/675,509
Appl. Filing Date: 9/29/2000
Examiner: T. Ton
Art Unit: 1632

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Line Gauthier (Printed Name)  (Signature) December 16, 2004 (Date of Deposit)

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop PETITION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

Enclosed are:

☒ Amendment/Reply.☒ Petition to Revoke.

02/10/2005 CKHLOK 00000021 500872 09675509

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023.263852.1

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The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	18	- 31	= 0	x \$50.00	= \$0.00
Independents	7	- 7	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00
EXTENSION FEE TOTAL					\$0.00
CLAIM AND EXTENSION FEE TOTAL:					\$0.00
PETITION TO REVIVE:					\$1,500.00
Small Entity Fees Apply					
(subtract 1/2 of above):					\$1,145.00
TOTAL FEE:					\$1,145.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$1,145.00. A duplicate copy of this transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Atty. Dkt. No. 073442-0301

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 16, 2004

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By



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